

# Regulated System Registration Application



## Council Chambers

374 Main Road  
Glenorchy TAS 7010

## Postal Address

PO Box 103  
Glenorchy TAS 7010

## Customer Service

(03) 6216 6800  
 gccmail@gcc.tas.gov.au

ABN 19 753 252 493

[www.gcc.tas.gov.au](http://www.gcc.tas.gov.au)

Information requested in this form is collected under authority of the *Public Health Act 1997*. Should you not provide the requested information, Council will be unable to process your application.

## Applicant Details

|                                   |                 |
|-----------------------------------|-----------------|
| Surname:                          | Given name:     |
| Company name (linked to ABN/ACN): |                 |
| ABN/ACN:                          | DOB:            |
| Trading Name:                     |                 |
| Postal Address:                   |                 |
| Authorised Officer:               | Position Title  |
| Email:                            | Contact Number: |

NOTE: The Director of Public Health considers that for warm water systems and cooling towers to be operated without posing a threat to public health, operation and maintenance should comply with AS/NZS 3666.2.

## Maintenance details

- ☐ YES ☐ NO Are maintenance records available for all systems?
- ☐ YES ☐ NO Has a risk assessment been conducted on system and is it accessible?
- ☐ YES ☐ NO Are some aspects of operation or maintenance carried out by an external person or organisation?

If yes, indicate which aspects have been assigned and state the person/organisation responsible below:

|                                                                           |       |                |
|---------------------------------------------------------------------------|-------|----------------|
| <input type="checkbox"/> Operation                                        | Name: | Mobile Number: |
| <input type="checkbox"/> Mechanical                                       | Name: | Mobile Number: |
| <input type="checkbox"/> Chemical<br><small>incl. water treatment</small> | Name: | Mobile Number: |
| <input type="checkbox"/> Other                                            | Name: | Mobile Number: |

## System Details

|                           |                               |
|---------------------------|-------------------------------|
| Address of system(s):     |                               |
| Number of cooling towers: | Number of warm water systems: |

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**Unit number 1 details**

☐ Warm water System ☐ Cooling tower associated with air conditioning

☐ Cooling tower associated with refrigeration plant or freezer

☐ Cooling tower associated with other industrial process or equipment cooling

Description of location of system:

System make/model:

Serial number:

Owners identifying number:

**Unit number details**

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System make/model:

Serial number:

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System make/model:

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**Unit number details**

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☐ Cooling tower associated with other industrial process or equipment cooling

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System make/model:

Serial number:

Owners identifying number:

# Supplier of Private Water Form

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**Documents Required:**

- ☐ Risk assessment by a water systems professional if there have been significant alterations/upgrade to any of the systems.
- ☐ Specifications of the maintenance program for the system, including water treatments and disinfection.
- ☐ Results of all water testing for each system for the previous 12 months including action arising from the results.
- ☐ A statement from a water systems professional that the maintenance program is suitable for the registered system.
- ☐ A statement from a water systems professional that a process which effectively disinfects the registered systems, is in operation.
- ☐ A statement from the person responsible for the maintenance program that the maintenance of the registered system has been carried out as required by the Guidelines for Control of Legionella in Regulated Systems (Public Health Act 1997).
- ☐ Written notification of any decommissioned cooling towers.

**Declaration**

1. I declare that the information provided on this form is accurate, complete and correct.
2. I acknowledge that this application is not valid and the assessment of the application will not commence until the application fee is paid in full.
3. I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the Electronic Transaction Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council.
4. I understand and agree that information about this application and the businesses' on-going operations will be shared with the Tasmanian Department of Health to assess the application and the businesses' compliance with the Public Health Act 1997.

**Name (print)****Applicant Signature****Date**

By signing I authorise Glenorchy City Council to update my details listed within this form.

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# **Personal Information Protection Statement**

Glenorchy City Council (Council) collects personal information to process requests and carry out its everyday functions, but may choose to use it for other lawful purposes under the Personal Information Protection Act 2004.

Your personal information may be shared with Council staff, contractors, law enforcement agencies, courts and other organisations where authorised or required by law.

You do not have to provide your personal information, but if you choose not to, Council may be unable to action your application or request.

You can find out more about how Council manages personal information and how to request access or corrections to it in Council's Privacy Policy available on Council's website or by contacting [gccmail@gcc.tas.gov.au](mailto:gccmail@gcc.tas.gov.au).

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## **Enquiries concerning personal information can be addressed to:**

Glenorchy City Council PO Box 103 Glenorchy, 7010

Phone: 03 6216 6800

Email: [gccmail@gcc.tas.gov.au](mailto:gccmail@gcc.tas.gov.au)